



STATE OF MISSOURI  
DEPARTMENT OF INSURANCE  
LICENSING SECTION

**CHANGE OF BUSINESS ENTITY PRODUCER STATUS**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
TELEPHONE (573) 751-3518  
THIS FORM MAY BE DUPLICATED

**INSTRUCTIONS**

PLEASE TYPE OR PRINT IN INK.

This form must be submitted to the Department of Insurance within twenty (20) working days of the effective date of changes. Enclose a \$10.00 fee if you want a license showing the new name and/or address. Personal Checks Not Accepted.

☐ Check Box if you are enclosing the \$10 fee.

BUSINESS ENTITY PRODUCER IDENTIFICATION NO.	BUSINESS ENTITY NAME
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**PLEASE COMPLETE ANY AREA BELOW THAT REQUIRES CHANGE.**

☐ **CHANGE BUSINESS ENTITY NAME TO** (Proper papers from domiciled Secretary of State's Office must accompany this change)

☐ **INDICATE NEW STRUCTURE (CHECK ONE)** No fee required for this change

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CORPORATION	

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

☐ **CHANGE OF ADDRESS**

**LEGAL ADDRESS (REQUIRED)**

STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
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**MAILING ADDRESS (OPTIONAL)**

STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
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☐ **CHANGE OF OWNERS, OFFICERS, DIRECTORS OR DESIGNATED/RESPONSIBLE LICENSED PRODUCER** No fee required for this change

If there have been any changes of owners, officers, directors or designated/responsible licensed producer, attach a current listing. Please give full name, social security number, title and residence address.

☐ **CHANGES OF LICENSED PRODUCERS (Employed or acting in behalf of or through the business entity and to whom the business entity pays any salary or commission.)** No fee required for this change

CHECK ONE		NAME	SOCIAL SECURITY/LICENSE NO.	EFFECTIVE DATE
ADD	DELETE			
<input type="checkbox"/>	<input type="checkbox"/>			MO.      DAY      YEAR —      —      —
<input type="checkbox"/>	<input type="checkbox"/>			—      —      —
<input type="checkbox"/>	<input type="checkbox"/>			—      —      —

☐ **CHANGE OF BRANCH OFFICES** Give name and social security number of a Missouri licensed producer in each branch office. No fee required for this change

**AUTHORIZED  
SIGNATURE**



DATE